

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-045017

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11169

STATE FILE NUMBER

FILED NOV 30 1962

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

|  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |
|--|--|---|--|--|--|--|--|--|--|---|--|--|--|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN                                      |  | Length of stay in 1b   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE MO.  |  | b. COUNTY  |  | c. CITY OR TOWN   |  | ST Louis Ave   |  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION   |  | D.O.A. City # 1   |  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |  | d. STREET ADDRESS  |  | 5545   |  | ST Louis ave  |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |   |  |  |  |
| 3. NAME OF DECEASED (Type or print)  |  |   |  |  |  | Johnnie  |  | Walker   |  | 4. DATE OF DEATH  |  | Nov-16-62  |  |   |  |  |  |
| 5. SEX   |  | 6. COLOR OR RACE  |  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH   |  | 9. AGE (last birthday)   |  | IF UNDER 1 YEAR   |  | IF UNDER 24 HR   |  |   |  |  |  |
| M  |  | Negro   |  |  |  | 1-10-1897  |  | 65   |  | Months  |  | Days   |  | Hours Min.  |  |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  |  |   |  | 10b. KIND OF BUSINESS OR INDUSTRY  |  |  |  | 11. BIRTHPLACE (City and state or country)   |  |   |  | 12. CITIZEN OF WHAT COUNTRY  |  |   |  |  |  |
| Laborer  |  |   |  |  |  |  |  | Alabama  |  |   |  | U. S. A.   |  |   |  |  |  |
| 13a. FATHER'S NAME   |  |   |  | 13b. MOTHER'S MAIDEN NAME  |  |  |  | 14. NAME OF HUSBAND OR WIFE  |  |   |  |  |  |   |  |  |  |
| J.J. Walker  |  |   |  | Annie  |  |  |  | G. Walker  |  |   |  |  |  |   |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)  |  |   |  |  |  | 17. INFORMANT  |  |  |  |   |  | Address  |  |   |  |  |  |
|  |  |   |  |  |  | G. Walker  |  |  |  |   |  | 5545 ST. Louis Ave   |  |   |  |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:   |  |   |  |  |  |  |  |  |  |   |  |  |  | INTERVAL BETWEEN ONSET AND DEATH  |  |  |  |
| IMMEDIATE CAUSE (a)  |  |   |  |  |  |  |  |  |  |   |  |  |  | 2 years   |  |  |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |
| DUE TO (b)   |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |
| DUE TO (c)   |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |  |   |  |  |  |  |  |  |  | PART III. If deceased was female was there a pregnancy in last 90 days.                   |  |  |  |   |  |  |  |
|  |  |   |  |  |  |  |  |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |  |  |   |  |  |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> |  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |  |  |  |  |  |   |  |  |  |   |  |  |  |
|  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |
| 20c. TIME OF INJURY  |  | Hour  |  | Month, Day, Year   |  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) |  | 20f. CITY, TOWN, OR LOCATION  |  | COUNTY   |  | STATE   |  |  |  |
|  |  |   |  | 9/24/60  |  |  |  | 4:00 p   |  | to 11/16/62   |  |  |  | 11/5/62   |  |  |  |
| 21. I attended the deceased from _____ and last saw him alive on _____<br>Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |
| 22a. SIGNATURE   |  |   |  |  |  | 22b. ADDRESS   |  |  |  |   |  | 22c. DATE SIGNED   |  |   |  |  |  |
| J. T. Keeler, M.D.   |  |   |  |  |  | 40 W. Flouissant   |  |  |  |   |  | 11/19/62   |  |   |  |  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)  |  |   |  | 23b. DATE  |  | 23c. NAME OF CEMETERY OR CREMATORY   |  |  |  | 23d. LOCATION (City, town, or county)   |  |  |  |   |  |  |  |
| Removal  |  |   |  | 11-21-62   |  | Washington Park Cem.   |  |  |  | St. Louis Co., Mo.  |  |  |  |   |  |  |  |
| 24. FUNERAL DIRECTOR   |  |   |  |  |  | 25. DATE RECD. BY LOCAL REG.   |  |  |  |   |  | 26. REGISTRAR'S SIGNATURE  |  |   |  |  |  |
| Williams Fun-Home  |  |   |  |  |  | NOV 20 1962  |  |  |  |   |  | Road Smith, M.D.   |  |   |  |  |  |
| 5511 ST. Louis Ave   |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |

USE BLACK INK OR TYPEWRITER RIBBON

10-1-1968

10-1-1968

10-1-1968

10-1-1968

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Leroy W. Lannista

Licensed Embalmer No. 4523

P. O. Address 4251 Washington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.